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I hereby certify that this Fee(s) Transmittal is being deposited with the United PILLSBURY WINTHROP SHAW PITTMAN, LLP States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. P.O. BOX 10500 MCLEAN, VA 22102 (Depositor's name (Signature (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/806,345 03/23/2004 Marcus Johannes Henricus Willems Van Dijk 081468-0308818 TITLE OF INVENTION: TRANSFER APPARATUS FOR TRANSFERRING AN OBJECT, LITHOGRAPHIC APPARATUS EMPLOYING SUCH A TRANSFER APPARATUS, AND METHOD OF USE THEREOF APPLN. TYPE **SMALL ENTITY ISSUE FEE DUE** PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional \$1440 \$300 06/11/2008 36/89/2208 AUDHDAF2 00000043 033975 10806345 **EXAMINER** ART UNIT **CLASS-SUBCLASS** 01 FC:1501 1440.00 DA 92 FC:1594 KIM, PETER B 355-072000 300.00 DA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 PILLSBURY WINTHROP (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, 2 SHAW PITTMAN LLP (2) the name of a single firm (having as a member a Kree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE ASML NETHERLANDS, B.V. Veldhoven, The Netherlands Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💹 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 033975 (enclose an extra copy of this fo Advance Order - # of Copies \_ Three (3) 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Date June 6, 2008 Authorized Signature Christophe Registration No. \_\_\_ Typed or printed name Lair 54248

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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		\ <u>`</u> §	\			(Depositor's name)
		JUN 06 2008	ų)	(Signature)		
	'	12				(Date)
APPLICATION NO.	FILING DATE	TRADELIST	FIRST NAMED INVENTOR	7	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/806,345	03/23/2004		ohannes Henricus Willems	Van Dijk	081468-0308818	3987
TITLE OF INVENTION: TRANSFER APPARATUS FOR TRANSFERRING AN OBJECT, LITHOGRAPHIC APPARATUS EMPLOYING SUCH A TRANSFER APPARATUS, AND METHOD OF USE THEREOF						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	06/11/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
KIM, PETER B 2851			355-072000		•	
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XX"Fee Address" indi	ication (or "Fee Address" 2 or more recent) attach	Indication form	(2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be	of a single firm (having as a member a rney or agent) and the names of up to stent attorneys or agents. If no name is e will be printed.		
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	e)		-
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
SML NETHERLANDS, B.V. Veldhoven, The Netherlands						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔀 Corporation or other private group entity						
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
☑ Issue Fee ☐ A check is enclosed.						
☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Three (3) ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Three (5), any deficiency, or credit any overpayment, to Deposit Account Number 033975 (enclose an extra copy of this form)						
5. Change in Entity Stat	us (from status indicated	above)	overpayment, to Depos	sit Account Number	(enclose a	n extra copy of this form).
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Typed or printed name				Registration No.		
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